MaineCare Services
An Office of the Department of Health and Human Services

PNMI Presentation to Maine State Legislature-Appropriations and Health and Human Services Committees

January 3, 2012

http://maine.gov/dhhs/oms/provider/pnmi.html

Maine Private Non-Medical Institution (PNMI)

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PNMI Services are residential treatment services funded by MaineCare.

- Operated by agencies or facilities
- Licensed by Maine Department of Health and Human Services
- Provide residential treatment to four or more residents in a setting
- Provide personal care services, food, shelter, rehabilitative services, and supervision
- Require Prior Authorization or assessment to determine medical eligibility
- Render only treatment that is medically necessary

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History of PNMI Services

•Private Non-Medical Institutions (PNMI) were developed in the 1980s as a result of federal initiatives to expand Medicaid in an effort to reduce the populations in large institutions such as Pineland, or reduce dependence on more expensive nursing facility settings.

•The numbers of PNMI services grew extensively during the same time period when Maine's number of Nursing Facility beds was decreased. At that time, PNMI services (called Boarding Homes) mainly served frail elders who required treatment not available in the community, which allowed them to age in place.

•Maine's use of PNMI services continued to grow and expand in the 1990's and several specialty types of PNMI settings emerged.

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History of PNMI Services (continued)

Policy Initiatives during the last 10 years

- Developed more specialization in treatment types and settings.
- Increased program allowance from 10% to 35%.
- Created a Case Mix reimbursement in Appendix C, similar to that of nursing facilities, to recognize acuity of patients and use of staff resources in the payment methodology.
- Added Medical Eligibility Criteria and requirements for Prior Authorization to assure least restrictive setting, control numbers
- Standardized and reduced rates for Children's, Behavioral Health and Substance Abuse Facilities.
- Eliminated reimbursement for "Bed Hold Days" at request of CMS.

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MaineCare PNMI Services

Coverage:

MaineCare Benefits Manual, Section 97, Chapter II*

Reimbursement:

Chapter III*

- Appendix B: Substance Abuse Facilities
- Appendix C: Case Mix Facilities
- Appendix D: Child Care Facilities
- Appendix E: Community Residences for Persons With Mental Illness
- Appendix F: Non-Case Mixed Medical and Remedial Facilities

These rules and regulations pertain to those PNMIs that are reimbursed by MaineCare. Licensing guidelines govern additional private pay residential treatment.

PNMI Facility Descriptions SFY'10

Appendix	# Facilities	# Clients	State SFY'10	Federal FY'10	Total Expenditures SFY'10
B	18	302	$ 2,833,546.00	$ 6,048,837.00	$ 8,882,383.00
C	138	3123	$ 35,552,717.00	$ 62,457,381.00	$ 98,010,098.00
D	92	696	$ 22,204,936.00	$ 63,332,493.00	$ 85,537,429.00
E	104	562	$ 14,234,071.00	$ 41,467,488.00	$ 55,701,559.00
F	61	421	$ 3,238,694.00	$ 8,427,695.00	$ 11,666,388.00
TOTAL	413	5104	$ 78,063,964.00	$ 181,733,894.00	259,797,857.00

Appendix B
Substance Abuse – 18 Facilities

- Programs Overseen by DHHS Office of Substance Abuse Services (OSA)
- Provide varying levels of substance abuse treatment in residential setting
- Clinical treatment by a treatment team
- Residents assessed using American Society of Addiction Medicine(ASAM), Patient Criteria
- Services provided include personal care services, supervision and monitoring of health and safety
- Services are reimbursed with a standardized per diem rate
- **History:** Provide effective substance abuse treatment in least restrictive setting with maximum federal match

Appendix C
Case Mix Facilities – 138 Facilities

- Programs overseen by DHHS Office of Elder Services (OES)
- Residents assessed with the Medical Eligibility Determination (MED) tool and meet specific medical eligibility
- Services provided include personal care, supervision (24/7), medication administration, Nursing, Rehabilitation, coordination of other medical services and transportation and room and board (non MaineCare funds).
- Services are reimbursed with a per diem capitated rate adjusted for case mix (acuity) of residents.
- **History:** Provide Long Term Care Services at a level lower than nursing facility primarily for frail elders. Least restrictive setting to allows aging in place in more home-like settings. Maximize federal match

Appendix D
Child Care Facilities – 92 Facilities

- Overseen by DHHS Office of Child and Family Services (OCFS)
- Licensed by DHHS
- Services provided: personal care services, Behavioral Health services, medication administration, rehabilitation, crisis intervention and supervision (24/7)
- Prior Authorization and Assessment required
- Services reimbursed through a standardized per diem rate
- **History:** Providing Behavioral Health treatment in least restrictive setting for children who otherwise would require frequent or long term placement in hospitals or ICF-MR, maximize federal match

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Appendix E – 104 Facilities
Community Residences for Adults with Mental Illness

- Overseen by DHHS Office of Adult Mental Health Services (OAMHS)
- Licensed by DHHS
- Assessment with LOCUS tool required, member must show Severe and Persistent Mental Illness and the need for residential care
- Services provided include counseling, personal care services, medication administration, rehabilitation Services (community supports, behavioral health treatment) supervision and monitoring of safety 24/7
- Services require prior authorization
- **History:** Provide behavioral Health treatment in least restrictive setting for those members who otherwise would be unsafe in community, and would require frequent or long term psychiatric hospitalizations.

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Appendix F – 61 Facilities
Non-Case Mixed Medical and Remedial Services

- Overseen by DHHS- Office of Elder Services (OES) and Office of Adults with Cognitive and Physical Disabilities (OACPD)
- Licensed by DHHS
- Services provided include personal care services, habilitation, medication administration and monitoring for safety/supervision (24/7)
- Require Prior Authorization
- Require Assessment
- Services reimbursed through a per diem rate
- **History:** Were same as those services under Appendix C until 2000, when case mix facilities were established. Provide same services as Appendix C, but tend to be smaller facilities with more specialized populations that did not fit the modeling for the case mix payment methodology.

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Maine's State Plan

- Maine's State Plan governs federal match for services provided in PNMI settings.
- PNMI services are not a recognized type of service in the Medicaid Manual.
- Coverage of PNMI services is approved in two separate sections of Maine's State Plan:
  - Personal Care Services (approved last in 2002)
  - Rehabilitative Services (approved last in 2004)
- Reimbursement of PNMI approved as "Capitated Payments"
  - Only reference to PNMI in CFR is part of the Non-Risk Contract language approved only in waivers

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Maine’s State Plan

- Preparation for MIHMS necessitated multiple State Plan Amendments (per CMS request) to update and provide further detail of State Plan services and payment methodology. PNMI services were included on several of those pages.
- State plans submitted September 2010
- Informal Requests for Additional Information Issued December 2010
- Formal Requests for Additional Information Issued April 2011
- Process has included Conference calls with CMS - Ongoing collaborative to assist State with changes
- Written findings and “Corrective Action Plan” not yet issued, which would require actions in a specific timeframe and result in written findings and formalized “sun setting” language.

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CMS’ PNMI Concerns

- Bundled Rates/Documentation of Services (were services actually provided?)
- Excessive Rates (Not based on the cost of providing services) in community, or comparable to institutional services such as NF, hospital, ICF-MR
- Payments to Non-Qualified Providers (same as community based providers)
- Reimbursement to IMDs (see IMD letter)
- Potential Room and Board Costs included in treatment costs/program allowance
- Non-Risk Contract Provisions Required (Managed Care Waiver)
- Reimbursement for supervision or monitoring for safety are not reimbursable in this setting.

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CMS' PNMI Concerns Pertaining to Service Delivery

- **Service Concerns:**
  - Consumer Choice of Providers (for each component, and not tied to housing)
  - Comparability of Services to those in the community (Based on functional need, not residential setting)
    - Rehabilitative Services
    - Personal Care Services
  - Comparability of Qualified Providers (to those in community)
  - Assurance of no Duplication of services (ie, Personal Care, Targeted Case Management)

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CMS' PNMI Concerns Pertaining to Setting

Residential Setting Concerns

- Are Services intended to be community-based or in the home being provided in "institutional" or facility-based settings
- Are Appendix C personal care services being provided in Nursing facility settings? CMS questions asked for information for "multi-level facilities", asked for differentiation of programs, staff, licensing as personal care services cannot be provided in a nursing facility
- IMD setting (see letter of August 9)
- Olmstead provisions (see Cooper presentation)

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CMS' PNMI Concerns Pertaining to Non-Reimbursable Services

Concerns about some Services not reimbursable under the State Plan:

- Habilitative Services not reimbursed in State Plan must be funded by a waiver or more recently, under a 1915(i) SPA. Habilitative services suggests treatment to help one learn skills rather than Rehabilitative services, which help one regain those skills already developed.
- Supervision for purposes of monitoring safety and well-being or 24/7 watchful oversight are only reimbursable in institutional settings under the state plan, with the new exception of 1915(i) SPA.
- Room and Board or components of those services are only reimbursable in institutional settings (distinguishes meal provision vs. assistance with preparation of the meal)
- Olmstead provisions must be considered

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CMS Communications- IMD Letter

- IMD letter* *(CMS letter dated August 9, 2011)*
- DHHS staff had several calls with CMS for clarification of IMD letter and were directed to CMS State Medicaid Manual, Section 4390*.
- Communications to PNMI Providers Sent on September 1, 2011
  - Reimbursement Changes Letter*
  - IMD Summary*
  - Copy of CMS Letter*

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DHHS Response to IMD letter

- DHHS Staff Developed Survey from Medicaid Manual Questions
- Assessment Worksheet*
- DHHS staff made calls starting September 7, 2011 to all MaineCare enrolled PNMI providers to complete the Assessment Worksheet
- DHHS Staff spoke with a total of 155 agencies about 472 separate PNMI sites/programs
- Analysis Continues- and DHHS has requested an additional 6 months to further analyze

* Posted on OMS website: http://maine.gov/dhhs/oms/provider/pnmi.html

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DHHS Additional Steps for General CMS Concerns– Regional Forums

On October 18, DHHS hosted a Statewide forum at the Augusta Civic Center to present this information.

In November, DHHS hosted PNMI six regional Provider Forums to interactively discuss and brainstorm potential resolutions with providers and the public.

November 7	Augusta
November 8	Presque Isle
November 9	Bangor
November 10	Rockland
November 17	Lewiston
November 18	Biddeford

Notes from these sessions Posted on OMS website: http://maine.gov/dhhs/oms/provider/pnmi.html

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DHHS Guiding Principles for PNMI Initiative

- Consumer focused
- Commitment to serve the most vulnerable/needy of the eligible population
- Minimized disruption to people's lives and essential services
- Assurance of quality services (value based purchasing)
- Recognition that the current model is not sustainable
- No additional State dollars
- Compliance with all State Federal statutes
- Least restrictive setting (Olmstead)
- Recognition of the importance and value of collaboration with this transition

Overview of Residential Services in Other States

- **Substance Abuse Services:** residential programs often not covered under Medicaid programs. Community based treatment more often provided
- **Children's Residential Treatment:** community based programs and Psychiatric Residential Treatment Facilities provided. Services more often provided under HCBS waivers presuming institutional eligibility. Treatment Foster Care sometimes provided but requires treatment from licensed clinician.
- **Behavioral Health:** much is state funded or only the treatment portion is funded by Medicaid as HCBS waivers are not generally available for members who would otherwise be in an IMD, unless that individual is also NF eligible.
- **Brain Injury**: there are various rehabilitative services funded in community, NF, Rehab hospitals and through HCBS waivers

Overview of Other States (cont'd)

- **Intellectual Disabilities**:
  Various HCBS waivers utilized

- **Case Mix Facilities:**
  Many of these services are provided in NFs

  HCBS waivers: Presumes NF Eligibility

  Personal Care Homes: Reimbursed under state plan

  Assisted Living Waivers: Require NF eligibility for HCBS waiver or an 1115 Demonstration waiver)

  PACE (Program of All-Inclusive Care for Elderly): Community Based, Requires NF Eligibility

Review of Olmstead Presentation

Summary of Robin Cooper's Presentation to October 2011 Statewide Forum
(National Association of State Directors of Developmental Disabilities Services)

- National movement from large congregate settings to smaller community settings
- CMS has several current initiatives requiring non-congregate, community settings including: Money Follows the Person, Balancing Incentives Payment Program, 1915(c), (j) (k) and (i) SPAs
- Department of Justice enforcing Olmstead in many states (including North Carolina)

Review of Olmstead Presentation (cont'd)

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Olmstead decision

- Services provided in most integrated setting
- Public provision of community-based services to persons with disabilities when (a) such services are appropriate, (b) affected persons do not oppose community-based treatment; and (c) community-based services can be reasonably accommodated, considering resources available to the entity and the needs of others who are receiving services

Review of Olmstead Presentation (cont'd)

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What are Integrated Settings?

- Integrated Settings are those providing individuals with disabilities to live, work, and receive services in the greater community, like individuals without disabilities. Integration maximizes main steaming, consumer choice.

What constitutes community for HCBS services in 1915 (i)?

- Resident ability to control access to private personal quarters
- Option to furnish and decorate the room
- If not personal quarters, unscheduled access to private areas for telephone and visitors required
- Option to choose with whom they share their personal living space
- Unscheduled access to food and food preparation facilities
- Assistance coordinating and arranging resident's choice of community pursuits outside residence, right to assume risk

Review of Olmstead Presentation (cont'd)

Review of Federal Proposed Rules for 1915(k) Community First Choice Option

(Anticipated to be adopted for all HCBS waivers and home and community-based services under Medicaid)

"home and community settings may not include a building that is also a publicly or privately operated facility which provide inpatient institutional treatment or custodial care; or in a building on the grounds of, or immediately adjacent to, a public institution or disability-specific housing complex, designed expressly around an individual's diagnosis that is geographically segregated from the larger community, as determined by the Secretary."

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Conclusion

Questions

Discussion

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